



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

INFORMATIONAL LETTER NO. 777

DATE: January 12, 2009

TO: Iowa Medicaid Providers of Remedial, HCBS Habilitation and Waiver Services

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: 2008 Provider Quality Management Self-Assessments; Late Submissions

EFFECTIVE: Immediately

As indicated in *Informational Letter No. 715* (dated May 19, 2008), the DHS is implementing a quality management process for providers of each of the specific services identified below. Providers enrolled for one or more of the services identified were required to complete the *2008 Provider Quality Management Self-Assessment* prior to August 1, 2008. Our records indicate **the required self-assessment has not been received from your agency, therefore follow-up action is needed.** To verify, your agency should submit the self-assessment, refer to the Applicable Services guide located at www.ime.state.ia.us/docs/SA_RequiredServices.pdf or contact your HCBS Specialist for assistance/confirmation. A list of the HCBS Specialists is found at <http://www.ime.state.ia.us/HCBS/HCBSContacts.html>.

Regardless of whether or not providers are actually providing these services, a self-assessment must be submitted by all Medicaid providers **enrolled** to provide any of the services listed for the following programs:

- **AIDS/HIV WAIVER:** agency CDAC, respite, adult day care
- **BRAIN INJURY WAIVER:** behavior programming, agency CDAC, respite, supported community living, supported employment, prevocational, IMMT, adult day care, family counseling and training
- **CHILDREN'S MENTAL HEALTH WAIVER:** family and community support services, in-home family therapy, respite
- **ELDERLY WAIVER:** agency CDAC (including Assisted Living providers), respite, adult day care, case management (if not Chapter 24 accredited)
- **HABILITATION SERVICES:** day habilitation, home-based habilitation, prevocational habilitation, supported employment habilitation
- **ILL AND HANDICAPPED WAIVER:** respite, agency CDAC, IMMT, adult day care
- **MENTAL RETARDATION WAIVER:** agency CDAC, respite, supported community living, supported employment, prevocational, IMMT, adult day care, day habilitation, residential-based supported community living

- **PHYSICAL DISABILITY WAIVER:** agency CDAC
- **REMEDIAL SERVICES:** community psychiatric supportive treatment, crisis intervention, health or behavior intervention, rehabilitation program, skills training and development

PROVIDER ACTION REQUIRED

Your agency must submit the completed form within 30 calendar days from the date of this correspondence. Failure to submit the *Provider Quality Management Self-Assessment* could jeopardize your agency's enrollment as a Medicaid provider.

Providers will receive acknowledgement once the 2008 Provider Quality Management Self-Assessment is deemed complete. There will be additional contact from your regional HCBS Specialist *only* if a corrective action plan is required for current Iowa Administrative Code (IAC) standards and the corrective action plan was not identified on the self-assessment. Providers should also expect a response from their Specialist if a corrective action plan was identified but could not be accepted because the plan did not ensure compliance with IAC or the implementation date was beyond the 30-day timeline requested in the assessment instructions.

INSTRUCTIONS FOR SELF-ASSESSMENT COMPLETION

The self-assessment can be downloaded from: www.ime.state.ia.us/HCBS/reviewtools.html. Each provider must download the assessment from this site and save it as a Word document. Each provider will complete only one agency self-assessment for all HCBS waiver, habilitation and remedial services they provide, regardless of the number of office locations or services provided. Providers are required to identify all office locations in Section II of the self-assessment. For providers with *more than three* locations, download "Page 2a" (from the website above) which allows you to identify all additional locations. An acronym key is also downloadable to explain acronyms used throughout the self-assessment.

All sections of the self-assessment must be completed in their entirety. Please read the self-assessment instructions carefully. Incomplete self-assessments, including Section IV, (see special requirements below) will not be accepted. If found to be incomplete, the provider will have 15 days to complete and resubmit the self-assessment to IME.

- **Section I - Provider Information**
 - o Provider name (individual or organization) should be identified exactly as listed for the NPI number.
 - o Street Address of the parent agency office. The street address for an agency may not be a PO Box, since records cannot be kept there, etc. However, the mailing address may *include* a PO Box.
- **Section II - Affiliated Office Locations**
 - o Providers who operate under various NPI or provider numbers must complete this section.
 - o Identify the address of each office associated with this agency, *including* the address identified in Section I when services are provided from this location.

- **Section III - Iowa Administrative Code Standards**
 - o Refer to form instructions.
 - o When applicable, describe the plan to meet proposed standards. Document the plan and timeline for meeting the proposed standards.
 - o Corrective action. If, during the completion of the self-assessment, the provider discovers current rules/standards have not been met, the provider must submit a corrective action plan with the self-assessment. Implementation of the corrective action plan must occur within 30 days of the self-assessment completion date identified in Section I.
- **Section IV - Guarantee of Accuracy**
 - o Provider name must match Section I and the NPI number enrollment name.
 - o Both signatures are required.

INSTRUCTIONS FOR SELF-ASSESSMENT SUBMISSION

After completing all sections of the self-assessment, Sections I, II and III should be *emailed* to hcbsqi@dhs.state.ia.us.

Section IV (**only**) should be *faxed* to: **515.725.1360 attn: HCBS QI**

or mailed to: Iowa Medicaid Enterprise/Policy
Attn: HCBS QI
100 Army Post Road
Des Moines, IA 50315

ADDITIONAL INFORMATION

The HCBS program provided training on the Quality Management Self-Assessment process and posted the materials from the training at www.ime.state.ia.us/HCBS/HCBSTraining.html under the heading of “Regional Quality Management Trainings (for Service Providers).”

IME appreciates your partnership as we work together to serve the needs of the Iowa Medicaid members. If you have questions, please contact your regional HCBS Specialist. Visit www.ime.state.ia.us/docs/HCBS_Specialists.pdf to locate your HCBS Specialist.